

**Advisory Committee on Trauma
February 19, 2003
Minutes**

Attending: Dr. Paul Harrison, Dr. Scott Sellers, Dr. Dennis Allin, Dr. Craig Concannon, Kerry McCue, Connie Meyer, Jeff Strickler, Pam Kemp, Robert Orth, Jack Shearer, Roger John, Tim Pitts, Lois Towster, Darlene Whitlock, Walt Regehr, Mike Bradford, Leanne Irsik, Gary Boston

Absent: Kimberly Nutting, Pat Dowlin, Sen. Susan Wagle, Sen. David Haley, Rep. Nancy Kirk, and Rep. James Morrison

The meeting called to order by Dr. Harrison. Minutes from last meeting were approved.

FEMA Medical Response:

Joel Zehr from the Newton Fire/EMS was introduced. Mr. Zehr is a member of the Kansas Taskforce One, that is a component of the FEMA National Urban Search and Rescue Response System. The purpose of the FEMA response team is to have properly trained personnel, coupled with appropriate tools, equipment and support components ready in times of need. The nearest team to us in Kansas is located in Lincoln, NE or Columbia, MO. The teams are rescue, medical, logistics and technical. The primary function of the medical portion of the rescue taskforce is to treat the rescuers and victims on site of the disaster. This includes the search canines. The personnel needs for this taskforce are two Physicians and four Paramedics or RNs that have had emergency training. Current members of the taskforce are Newton Fire/EMS, SG County Fire, Wichita Fire, SG County Emergency Management and AIA of Kansas. The taskforce needs to address both liability and fiscal issues at the state level. Mr. Zehr and other members of the taskforce are seeking support of the Kansas legislature. At this point, the taskforce is asking that the ACT consider support for the task force including physician and RN or paramedic support especially at the RTC level. He also asked the group to consider how the trauma plan might fit with their activities.

Board of EMS Update:

David Lake provided an update from the Board of EMS. David reported that as of January, the Board of EMS offices are now at 900 SW Jackson, Landon State Office Building, 10th floor.

There are several bills that the Board has been monitoring which will have an impact on EMS providers:

Senate Bill 52 is a correction bill for a technical error in last years Senate Bill 508 that established the Board of EMS is a fee fund agency rather than a State General Fund agency. It merely establishes how and when the transfer of funds occurs.

Senate Bill 132 requires that any agency that has an AED must register it with the Local EMS agency.

Senate Bill 153, and Senate Bill 180, and House Bill 2334 are all bills that deal with “enhanced wireless emergency telephone services” There are differences that municipalities, vendors, and users must review to decide which is most appropriate.

House Bill 2068 provides liability protection to “donors” of emergency equipment. For instance if someone donates a piece of emergency equipment to an emergency service this bill will protect the donor and put the responsibility for the condition of the equipment to the “donee”.

The Rural EMS Summit was held in Topeka last week. Issues presented included an EMS data collection system used in Minnesota.

Hospital Bioterrorism Program:

Susan Morris with Office of Local and Rural Health provided an overview of the State Hospital Bioterrorism Preparedness Program. The hospital Bioterrorism program is using the same six regions as the trauma program. Total federal funding for hospital bioterrorism is \$1.29 million in Kansas with \$945,000 going directly to hospitals.

Each of the six regions has identified a planning hospital. The six regional planning hospitals are: St. Francis Health Center in the northeast region, Salina Regional Health Center in north central region, Hays Medical Center in the northwest region, S.t Catherine Hospital in the southwest region, Wesley Medical Center in the south central region, and Mt. Carmel Medical Center in the southeast region. The regional planning hospital will be responsible for:

- Managing the grant funds
- Making sure the region completes a regional plan for bioterrorism response
- Assuring that coordination of plans with other players exists.
- Assisting the hospital in obtaining information /technical assistance as it becomes available.

Bioterrorism and Public Health Preparedness:

Mindee Reece, KDHE bioterrorism Program Director gave an update of the Bioterrorism and Public Health Preparedness. Mindee outlined the key differences between preparedness for a chemical vs. biological attack. There are many components of the Bioterrorism program including working with all 105 counties in Kansas on a health alert network system, smallpox vaccination program, surveillance and epidemiological support and laboratory capacity.

Trauma Registry Update:

Sherry Davis provided an update on the status of the state trauma registry. The data dictionary has been completed and copies distributed to ACT members and all current users of the registry software. A trauma registry subcommittee meeting is planned for March to discuss data element issues. The subcommittee's recommendations will be provided back to the ACT. This will be a more efficient manner in which to address data issues as they arise. The data subcommittee will meet quarterly throughout the year.

We have scheduled registry training in Hays and Salina later in February. We are also planning on another week in April for trainings in Wichita, Garden City and Topeka. A plan drafted by KHA was distributed to the committee outlining an implementation schedule to have all hospitals reporting data by 2004. We currently have 48 facilities trained in using the trauma registry data collection system. A motion was made by Darlene Whitlock to accept the plan as written with a second made by Dr. Dennis Allin. The committee adopted the plan as written but will review in more detail the implementation schedule at the May meeting. There was concern expressed regarding the use of web based reporting.

Trauma Education Update:

Melissa Hungerford introduced Kay Swieteck as the new coordinator for the Consortium for Improvement of Trauma Education. The contract was renewed for year 2 with KDHE to continue with provision of trauma education classes. The amount allowed for PHTLS class was increased to \$204.00 per student with a 25/75% match on expenses. The rates for TNCC and ATLS will remain the same as last year with a 50/50% match on expenses.

Kay is updating the web site as she becomes aware of education programs. More detailed information including application forms may be obtained from the KHA web site. There is usually a two-week turnaround time from receipt of the provider's complete application to approval of the class.

Pediatric Education:

In follow up to the November meeting, Darlene discussed the need for pediatric education. She reported that PHTLS teaches 30minutes on pediatric and geriatric trauma care. ATLS has 20 minutes devoted to care of the pediatric patient. She is concerned about the lack of training available for peds and geriatric trauma care.

Regional Trauma Councils:

The executive committees for each of the six regional trauma councils have been meeting on a regular basis to establish bylaws for approval at their annual meetings and to establish priorities for subcommittees. Each of the RTCs have set dates for their annual meeting, all minutes from the RTC meetings can be found on the web site for office of local and rural health at the KDHE web site:
www.kdhe.state.ks.us/olrh

Trauma/EMS System Grant:

A contract was signed with Kansas Foundation for Medical care to develop and administer a survey as outlined in the trauma/ems system grant. The survey is nearing completion and David Lake is working with the highway patrol to compile a list of dispatch centers in Kansas. It is expected that the survey will query for questions related to needs of emergency medical dispatch and wireless communication.

The meeting adjourned at 2:45. Next meeting is May 28,2003